Enter Name Of Corporation	Federal Employer Identification Number

Schedule KS   Shareholder information

All corporations must complete this schedule. Complete Columns 1 through 5 for all shareholders. Complete Column 6 for a nonresident shareholder. If applicable, complete Column 7 or Column 8 for a nonresident shareholder. See instructions for the definition of a "nonresident shareholder," which includes entities other than individuals.

Partner	All Shareholders			
	Column 1 Name and address of shareholder — *If additional lines are needed, attach additional pages*	**Column 2** Social Security Number/FEIN	**Column 3** Type of entity *(See instructions)*	**Column 4** Ownership %
A	Name ____ Address ____ State ___ Zip Code ___			
B	Name ____ Address ____ State ___ Zip Code ___			
C	Name ____ Address ____ State ___ Zip Code ___			
D	Name ____ Address ____ State ___ Zip Code ___			
E	Name ____ Address ____ State ___ Zip Code ___			
F	Name ____ Address ____ State ___ Zip Code ___			
G	Name ____ Address ____ State ___ Zip Code ___			

Shareholder	All Shareholders *Complete Column 5 for ALL shareholders*	Nonresident Shareholders Only Important: Columns 6 through 8 are for a NONRESIDENT SHAREHOLDER only. See instructions for which shareholders to include in Columns 6, 7, and 8.			
	Column 5 Federal distributive share of income (loss)	**Column 6** North Dakota distributive share of income (loss)	**Column 7** North Dakota income tax withheld (2.90%)	Form PWA or Form PWE *(Attach copy)*	**Column 8** North Dakota composite income tax (2.90%)
A				○	
B				○	
C				○	
D				○	
E				○	
F				○	
G				○	
1 Total for **Column 5** ⌐ ⌐ ⌐ 1		**NA**			
2 Total for **Column 6** _____ 2			**NA**		
3 Total for **Column 7**. Enter this amount on Form 60, page 1, line 2 _____ 3				**NA**	**NA**
4 Total for **Column 8**. Enter this amount on Form 60, page 1, line 3 _____ 4					